Atty. Docket No: 2797 (203-3175 PCT US)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S):	Russell Heinrich	EXAMINER:	Michael G. Mendoza
SERIAL NO.:	10/510,451	GROUP:	Art Unit 3734
FILED:	October 4, 2004	DATED:	June 6, 2008
TITLE:	**SURGICAL STAPLER AND METHOD**		

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Applicant claims small entity status of this application under 37 C.F.R. 1.27

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDL. FEE	OR	OTHER THAN A SMALL ENTITY RATE	ADDL. FEE
TOTAL	* 47	MINUS	** 75	= 0	x 25=	$	OR	x 50=	$
INDEP.	* 4	MINUS	*** 6	= 0	x 105=	$	OR	x 210=	$
					· x 185=	$		x 370=	$
☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					TOTAL	$ 0.00		TOTAL	$

* *If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.*
** *If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.*
*** *If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.*

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being transmitted on the date below with the United States Patent and Trademark Office, PO Box 1450, Alexandria, VA 22313-1450, via electronic submission.
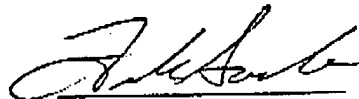
Dated: June 6, 2008

Nicole Rispone

☐ Please charge Deposit Account No. 21-0550 in the amount of $_____.

☐ A check in the amount of $ ____ is enclosed.

☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor.

Respectfully submitted,

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Fax:	571-273-4698 and 571-273-8300	Date:	April 9, 2009
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Submitted herewith:

1) Response to Interview Summary

2) Copy of Electronic Acknowledgement Receipt dated June 6, 2008

3) Copy of Amendment Transmittal Form dated June 6, 2008

4) Copy of Amendment After Allowance dated June 6, 2008